UNIFORM HAZARDOUS WASTE MANIFEST

Plea	GENERATOR NAME AND MAILING ADDRESS		STATE	D NIJIMOE	·n	83378014				
	016 & SOLUENT PROCESS OF				STATE ID NUMBER					
and the second s	1704 W FIRST ST						ANIFEST DOCUMENT NUMBER			
	HZUSH CA 91702				EPA ID N	IUMBER		1		
	AREA CODE/PHONE NUMBER 3/3-534-5117									
N.	TRANSPORTER NO. 1 OIL & SOLVENT PROCESS CO		1 45	KAIL	0008	131012	191013	3 1 1	1 1	
	1764 W. Firest ST		VE	H/CONTAINE	R NO.	Е	PA ID NL	MBER		
	67711876 370 370									
	172USH CON-91762				- 1					
17.	TRANSPORTER NO. 2/ALTERNATE TSD FACILITY			1111	11/0	ANDIA	ور من الماريخ	ر مید.		
		ļ	V.EF	L/CONTAINER	NO	ANDIO	A ID NO	MBER	100	
KJ										
		1								
	TREATMENT STORAGE OF THE	1								
	TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY OMIEGA CHEMICAL COMMANY								11	
-HC	12504 WEST E. WHITTIER BLVD				 	EP/	A ID NUN	/BER		
³AT(WHITTIER CH CHURCHER BLVD									
GENERATOR	AREA CODE/PHONE NUMBER 213-698-0991									
7 65					CIA	4101014	42121	450		
Z BY	PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	UN/NA NUMBER		TOTAL	UNIT	CONTA	LINER	WASTE	01/	
FILLED IN	Haran	MOINIBER		QUANTITY	WT/VOI	NO.	TYPE	CAT. NO.	DISP.	
	HAZARDOUS WASTE LIQUID N.O.S. ORM E	MA191/10	810	2500						
BE F	V	1.51712	21/	<u> </u>	G	11/	CIT	21/1/	011	
0		1111	, [1111		1				
Ī	COMPONENTS				CONG					
					UPPER	RANGE LOWE		UNITS		
	TRICHLURG TRIFLUORO ETHANE					LOWE		% F	PPM	
	Man /				98	90	1 %			
	METHANOL/ETHANOL				,					
	WATER/ DIKT / BIL				6	2	2			
	WAI EXTHIRT GIL				4	2	6	,	0.7	
						1-	9	2	£	
	SPECIAL HANDLING INSTRUCTIONS									
	GLOVES & GOGGLES					<u> </u>				
									<i>j</i> (
	This is to certify that the above-named wastes are properly classified, described, proper condition for transportation according to the applicable requirements of the D	ackagedt -t								
	proper condition for transportation according to the applicable requirements of the D	epartment of Tran	and la sporta	ibeled, and are tion and the El	in PA					
					МО	- 1	DAY	YR.		
	Printed or typed full name and signature Koy Cammack From Check if continuation sheet is used. Number of continuation sheets	Camm	aci	6.	11.	2 .	2	1		
<u> </u>	TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES			~	1/18	1 2	310	81		
TO BE FILLED IN BY TRANSPORTER	I a Belling	12-		DA		7 7.	NAV I			
FILL VSP(Timed of typed full name and signature	12"		REC &	ני) סיי		PAY	YR.		
BE	TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES			ACCE		7	,	100		
5. F.™	•			DAT		D	AY	YR.	1	
·	Printed or typed full name and signature DISCREPANCY INDICATION SPACE			REC &	1		- 1		25	
	THE INDICATION SPACE			ACCEP	TED			1 .		
E 7.										
TO BE FILLED IN BY TSDF										
BE BY	Facility owner or operator: Certification of receipt of heavy									
ნ ≤	Facility owner or operator: Certification of receipt of hazardous waste covered by this discrepancy indication space above. Note: TSDF must complete waste number.	manifest except a	as note	ed in the	DATE	RECEIVED) R. ACC-	DTCC	التر	
		EPA ID	NUMB	ER	MO.	DA		YR.		
ORMAIO	Printed or typed full name and signature					-		'^.		
OTHN NO. DHS	S-8022A 11/82 GENERATOR SENIOS TIUS CO			<u> </u>				,	N.	
	GENERATOR SENDS THIS CO	PY TO DOH	is W	THIN 15	DAYS					